Municipality of Anchorage
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL SERVICES / FOOD SAFETY & SANITATION
825 L Street, P.O. Box 196650, Anchorage, Alaska 99519-6650
Telephone: (907) 343-4200 Fax: (907) 343-4786
www.muni.org/EHonline

DHHS ANCHORAGE

APPLICATION FOR HEALTH PERMIT

☐ **Food Establishment** ☐ **Catering** ☐ **Cottage Food** ☑ **Retail Marijuana**
☐ **Pool/Hot Tub** ☐ **Beauty/Barber Shop** ☐ **Pest Control**

Facility Name: THe Herbal Cache LLC	If Change of Owner, Previous Facility Name: The Herbal Cache
Owner's Name(s): ~~The~~ Herbal Cache, LLC ~~Brent Carse~~	Name of Person To Contact: Brent Carse
Site Address: 158 Holmgren pl Girdwood, Ak 99587	Phone: 907-764-7108 Fax: Email: Ak.powder@hotmail.com
Mailing Address: PO Box 822 Girdwood	City: State: Ak Zip: 99587
Certified Manager's Name: Brent Carse	Manager Certificate #: 20-37988 Certificate Expiration Date: 2/3/2020
Operating Days/Hours: 12pm - 8pm	Seating Capacity:

IF TEMPORARY FOOD, PROVIDE THE FOLLOWING

Event & Location	Date(s)	Hrs. of Operation	Approved Kitchen/ Commissary	Time of Food Prep At Kitchen

Foods To Be Served

IF PEST CONTROL, PROVIDE THE FOLLOWING

- **Pesticide applicant will comply with insurance requirements in AMC 15.75**
- **Equipment to be used · Pesticides/Chemicals used & method of application · Description of area(s) where application occurs**
- **Copy of liability insurance policy**

I Certify that I am familiar with applicable Municipal Code of Ordinances and that the above described establishment will be operated and maintained in accordance with said Ordinances.

Applicant's Signature: [signature] **Date:** 11/19/18

Facility ID:	District #:	PE:	Owner ID:	Change: ☐ New ☐ Owner ☐ Name ☐ Permit Renewal ☐ Mailing Address	Invoice #
	5	521			

Fees: 2019

Permit 660 -

Change of Owner 150.

Late Fee

Other

Total

Department Comments: wants to install ~~Variance~~ use 3-comp as prep sink, hand sink and extra sink. No warewashing required for facility processes. Variance to not use 3 comp for warewashing submitted.

Payment Type:	Check #:	Cash Register Receipt:	Date Received:

Approved (MOA):	Date Approved:

Received by AMCO 11.27.18

THIS PERMIT MUST BE CONSPICUOUSLY POSTED IN A PUBLIC PLACE IN THE ESTABLISHMENT

Municipality of Anchorage

DEPARTMENT OF HEALTH & HUMAN SERVICES PERMIT

PERMIT NO.
FA0015454

FACILITY NAME **THE HERBAL CACHE LLC**
OWNER'S NAME: THE HERBAL CACHE, LLC
LOCATION: 158 HOLMGREN PL

ISSUED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES AND SUBJECT TO THE ANCHORAGE MUNICIPAL CODE OF ORDINANCES TITLES 15 AND 16. UNLESS THE OWNERSHIP CHANGES, THIS PERMIT IS VALID FROM 1/1/2019 TO 12/31/2019

THE HERBAL CACHE LLC
PO BOX 822
GIRDWOOD, AK 99587

70-031 Ver. 9_02

THIS CERTIFICATE AND PERMIT IS NOT TRANSFERABLE
AND IS THE PROPERTY OF THE MUNICIPALITY OF ANCHORAGE

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